

DEPARTMENT OF SOCIAL SERVICES

744 P Street, M.S. 19-31
Sacramento, CA 95814
(916) 324-6956

March 11, 1986



ALL COUNTY INFORMATION NOTICE NO. 1-23-86

TO: ALL PUBLIC AND PRIVATE ADOPTION AGENCIES
ALL SDSS ADOPTION DISTRICT OFFICES

SUBJECT: REVISION OF AD 906: ACKNOWLEDGMENT OF THE FILING OF
ADOPTION RELINQUISHMENTS, NOTICE OF ACTION IN LIEU OF
SIGNING RELINQUISHMENTS, WAIVER OF REPORT OF STATE
DEPARTMENT OF SOCIAL SERVICES

The State Department of Social Services has revised the AD 906 in an effort to expedite the acknowledgment and waiver process. These changes are described below and shown in the attached draft copy of the revised form.

1. The first section identifies the child and the parent(s) who are relinquishing or who have had court actions taken against them to free the child.
2. The second section provides the date(s) the relinquishment(s) and other action(s) were taken.
3. The third and fourth sections will remain essentially the same as before.

In summary, the Department will no longer use paragraphs detailing the specific type of action(s) taken by the court.

Questions regarding this information notice should be addressed to Eva Stewart, Adoptions Consultant, at (916) 324-6956.

A handwritten signature in black ink, reading "Loren D. Suter", is written over the typed name.

LOREN D. SUTER
Deputy Director
Adult and Family Services Division

Attachment

cc: CWDA

**ACKNOWLEDGMENT OF THE FILING OF
ADOPTION RELINQUISHMENT(S) -
NOTICE OF ACTION(S) IN LIEU OF RELINQUISHMENT -
WAIVER OF REPORT OF STATE DEPARTMENT OF SOCIAL SERVICES**

1. _____
Name of Minor
- _____
- _____
- Date of Birth
- _____
- Name of Mother
- _____
- Name of Presumed Father(s)
- _____
- Name of Alleged Father(s)

2. I HEREBY CERTIFY, That there has been filed in the office of the Department of Social Services of the State of California:

- ☐ Certified copy(ies) of Relinquishment(s) _____ Date(s) _____
- ☐ Notices of Action(s) in Lieu of Relinquishment _____ Date(s) _____
- ☐ Certified copy(ies) of Waiver of Notice of Further Action _____ Date(s) _____
- ☐ Certified copy(ies) of Denial of Paternity _____ Date(s) _____
- ☐ Other _____ Date(s) _____

3. TO:
- ☐ the California State Department of Social Services
- ☐ _____ a licensed Adoption Agency,
(Pursuant to Section 226.6, Civil Code, the State Department of Social Services hereby waives the requirement of its report with respect to a petition for adoption of the child if the agency is a part to, or joins in, the petition for adoption.)

4. IN WITNESS WHEREOF, I have hereunto set my hand this _____
day of _____ 19 _____

Chief, Adoptions Branch
Department of Social Services

By _____